

Received

APR 18 2018

Allen Co. Water District

Kentucky League of Cities Insurance *2018*



Kentucky League of Cities

COMPREHENSIVE EMPLOYEE BENEFITS AND HEALTH INSURANCE

SUMMARY OF SERVICES AND PLAN BENEFITS



CAPSTONE
Administrators

We're **K**entucky,
We're **L**ocal,
We're **C**ities.

EST. 1987

klc.org

800.876.4552



#klcinsurance

Allen County Water District

Rates Effective: 7/1/18 - 6/30/19



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RENEWAL PLAN

		PPO A03E13	PPO A02E13
Census		Current Rates	Renewal Rates
Single	12	\$1,080.71	\$1,026.29
EE/Sp	0	\$2,269.50	\$2,141.01
EE/Ch	0	\$1,945.28	\$1,837.00
Family	0	\$3,458.29	\$3,255.73
Monthly Total	12	\$12,968.52	\$12,315.48

Allen County Water District currently has Calendar Year Benefits
Percent Change from Current

-5.0%

Plan Selected: _____ Signature: _____ Date: _____

Allen County Water District

Rates Effective: 7/1/18 - 6/30/19



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Allen County Water District currently has Calendar Year Benefits

	PPO A02E13		PPO A07E13		PPO A08E13	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
Deductible						
Single	\$100	\$300	\$100	\$300	\$0	\$300
Family	\$300	\$900	\$300	\$900	\$0	\$900
Coinsurance	20%	50%	20%	50%	20%	40%
Out-of-Pocket Maximum (Includes deductible)						
Single	\$1,300	\$0	\$2,300	\$6,900	\$5,000	\$15,000
Family	\$2,600	\$7,800	\$4,600	\$13,800	\$10,000	\$30,000
Physician Copay						
PCP	\$10	50%	\$25	50%	\$25	40%
SCP	\$30	50%	\$50	50%	\$50	40%
Urgent Care	\$75	50%	\$75	50%	\$75	40%
Emergency Room	\$250 / Ded / 20%		\$250 / Ded / 20%		\$250 / Ded / 20%	
Inpatient Services	20%	50%	20%	30%	20%	40%
Outpatient Services	20%	50%	20%	30%	20%	40%
Allergy Injections	\$5	50%	\$5	50%	\$5	40%
Outpatient Therapy Services	20%	50%	20%	50%	20%	40%
PCP	\$10	50%	\$25	50%	\$25	40%
SCP	\$30	50%	\$50	50%	\$50	40%
Deductible Type	Embedded		Embedded		Embedded	
Prescription Drug Plan *						
Deductible						
Retail (30 day supply)	\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$30/\$60/25% w/ \$250 Max	
Mail Order (90 day supply)	\$10/\$75/\$180/25% w/ \$250 Max		\$10/\$75/\$180/25% w/ \$250 Max		\$10/\$75/\$180/25% w/ \$250 Max	
	Census					
Single	12	\$1,026.29	\$987.43	\$1,004.98		
EE/Sp	0	\$2,141.01	\$2,059.41	\$2,098.27		
EE/Ch	0	\$1,837.00	\$1,787.05	\$1,798.65		
Family	0	\$3,255.73	\$3,131.38	\$3,187.56		
Total	12	\$12,315.48	\$11,849.16	\$12,059.78		
Percent Change from Current		-5.0%	-8.6%	-7.0%		

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum
 ** Rx deductible does not apply to generic medications

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract. In the event of a conflict between the Group Contract and this summary, the terms of the Group Contract will prevail.

Plan Selected: _____ Signature: _____ Date: _____

Kentucky League of Cities Insurance 2019



Kentucky League of Cities

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Allen County Water District

Rates Effective: 7/1/19 - 6/30/20



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MEDICAL

		PPO A02E13	PPO A02E13
Census		Current Rates	Renewal Rates
Single	13	\$1,026.29	\$990.11
EE/Sp	0	\$2,141.01	\$2,065.04
EE/Ch	0	\$1,837.00	\$1,771.89
Family	0	\$3,255.73	\$3,139.97
Monthly Total	13	\$13,341.77	\$12,871.43

Allen County Water District currently has Calendar Year Benefits for Medical

Percent Change from Current -3.53%

DENTAL

		Delta Option 2	Delta Option 2
Census		Current Rates	Renewal Rates
Single	10	\$19.29	\$19.29
EE/Sp	1	\$38.14	\$38.14
EE/Ch	0	\$36.08	\$36.08
Family	2	\$59.78	\$59.78
Monthly Total	13	\$350.60	\$350.60

Allen County Water District currently has Calendar Year Benefits for Dental

Percent Change from Current 0.00%

VISION

		Argus Premier Option 1	Argus Premier Option 1
Census		Current Rates	Renewal Rates
Single	9	\$5.56	\$5.56
EE/Sp	2	\$11.10	\$11.10
EE/Ch	0	\$11.65	\$11.65
Family	2	\$16.25	\$16.25
Monthly Total	13	\$104.74	\$104.74

Allen County Water District currently has Plan Year Benefits for Vision

Percent Change from Current 0.00%

Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Signature: _____ Date: _____

Kentucky League of Cities Insurance

2020

COMPREHENSIVE EMPLOYEE BENEFITS AND HEALTH INSURANCE

SUMMARY OF SERVICES AND PLAN BENEFITS



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Allen County Water District

Rates Effective: 7/1/20 - 6/30/21



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Allen County Water District currently has Calendar Year Benefits for Medical

MEDICAL	Current		Renewal	
	PPO A02E13		PPO A01E2	
	IN-Network		IN-Network	
Deductible				
Single		\$100		\$100
Family		\$300		\$300
Coinsurance		20%		20%
Out-of-Pocket Maximum (Includes deductible)				
Single		\$1,300		\$1,300
Family		\$2,600		\$2,600
Physician Copay				
PCP		\$10		\$10
SCP		\$30		\$30
Urgent Care		\$75		\$75
Emergency Room		\$250 / Ded / 20%		\$250 / 20% co-ins
Deductible Type		Embedded		Embedded
Prescription Drug Plan *				
Retail (30 day supply)		\$10/\$30/\$60/25% w/ \$250 Max		\$10/\$35/\$75/25% w/ \$350 Max
Mail Order (90 day supply)		\$10/\$75/\$180/25% w/ \$250 Max		\$25/\$105/\$225/25% w/ \$350 Max
Census as of 4/1/20				
Single	13	\$990.11		\$943.07
EE/Sp	0	\$2,065.04		\$1,966.01
EE/Ch	0	\$1,771.89		\$1,687.03
Family	0	\$3,139.97		\$2,988.94
Total	13	\$12,871.43		\$12,259.91

Percent Change from Current

-4.75%

* Benefits for in-network pharmacies. Rx copays apply to the Out of Pocket Maximum

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Please sign below if your group is renewing above plan(s) as is and not making any plan changes

Plan Selected: PPO A01E2 Signature: _____ Date: _____

Allen County Water District

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DENTAL

Census		Delta Option 2	Delta Option 2
		Current Rates	Renewal Rates
Single	10	\$19.29	\$19.29
EE/Sp	1	\$38.14	\$38.14
EE/Ch	0	\$36.08	\$36.08
Family	2	\$59.78	\$59.78
Monthly Total	13	\$350.60	\$350.60

Allen County Water District currently has Calendar Year Benefits for Dental

VISION

Census		Argus Premier Option 1	Argus Premier Option 1
		Current Rates	Renewal Rates
Single	9	\$5.56	\$5.56
EE/Sp	2	\$11.10	\$11.10
EE/Ch	0	\$11.65	\$11.65
Family	2	\$16.25	\$16.25
Monthly Total	13	\$104.74	\$104.74

Allen County Water District currently has Plan Year Benefits for Vision

LIFE - Rate Hold

Group Life	Standard 25K Group Life and ADD	
Voluntary or Dependent Life		

LTD - Not Enrolled in plan under KLC Association

LTD Plan	
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STD - Not Enrolled in plan under KLC Association

STD Plan	
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Signature: _____ Date: _____